PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number  10645832					
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY														
T	OTAL CLAIMS	3	12					RATE	E   FEE		RATE		<del></del>	
F	DR .		NUMBER FILED		NUMBER EXTRA			BASIC F	-+	385.00	OR		FEE 770.00	
TO	OTAL CHARGE	ABLE CLAIMS	/2_minus 20=		•	0		X\$ 9:	7	0	1		-	
INDEPENDENT CLAIMS			2 minus 3 =		•	ට		X43=	┿	0	OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT						+		OR			
	the difference	e in column 1 is	ess than zero, enter "0" in column 2				'	+145=	+	0	OR	+290=		
CLAIMS AS AMENDED - PART II								TOTAL	F	<u> १८५</u>	OR	TOTAL		
	4-1-05 (Column 1) (Column 2) (Column 3)								LE	ITITY:	OR.	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	Τ	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	· 14	Minus	- 2	20	•		xs25	4		OR	XSIB=		
AME	Independent	. 2	Minus	****	3	• =		700 X48≡	7		OR	X86=		
	PHST PHESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM	نـــلـــــــــــــــــــــــــــــــــ		+145#	1		OR	+290=	·	
	(			•		.•	L	TOTA	╬		I	TOTAL		
	2   5 05 (Column 1) (Column 2) (Column 3)							ODIT. FE	E <b>L</b> _			ADDIT. FEE	<b></b>	
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	Π	IDDI- ONAL FEE		RATE.	ADDI- TIONAL FEE	
	Total .	. 5	Minus	• 2	0	: O		<b>X\$-9</b> -25	5	•	OR	X\$18=		
AR	Independent	NTATION OF MI	Minus (1779) E DEI	PENDENE	3	<u>-0</u>		X43-	T	•	OR	X86-		
	T WOTT TREE	STATION OF IM	ou rue ve	EKDENI	CLAIM			+145 <b>≐</b>		$\neg$	OR	+290=		
•							A	YOYAL OOIT. FEE			OR A	TOTAL DOT, FEE		
	· ·	_		•										
AMENDMENT C	• ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE	ſ	RATE	ADDI- TIONAL FEE	
Ş	Total	• .	Minus	64		•	Γ	X\$ 9=			)R	X\$18=		
AME	Independent	•	Minus	***	]	ε .	-	X43=	Η.		` <b> </b>	X86=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	<u> </u>	$\dashv$	P			
• 11	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									o	R	+290=		
200E	the Highest Nur the Highest Nur	nber Previously Pa inber Previously Pa ber Previously Paid	id For IN THIS id For IN THIS	S SPACE & k S SPACE & I	ess than	20, enter "20."		TOTAL DIT. FEE In the ap	propr	late box in	٠ ٨	TOTAL DOIT. FEEL no. 1.		